Amendments to the Specification

Please replace paragraph [0018] with the following amended paragraph:

[0018] Referring to Figs. 6-8, the radioulnar component 30 has a body 56 with spaced apart first and second arms 57A, 57B extending longitudinally outward from a base 57C. Together, the arms and the body define a generally U-shaped contour with an inner peripheral surface 58 defining a second articular surface. The second surface 58 is sized for engagement with the first articular surface 42 (Fig. 1) for cooperative relative movement, and it has a convex profile as shown in Fig. 8 which is received in the corresponding concave profile of the spool. A peg 60 extends generally transversely from the first arm 57A of the body 56 for being received into a bore formed in the proximal ulna for securement of the body and ulna. In addition, the body 56 includes a bore 62 extending longitudinally in the second arm 57B, generally orthogonal to the peg 60 for receiving a suitable fastener, such as an ~~anconeal~~ olecranon screw (not shown). PMMA bone cement may be distributed along the peg 60 and along outer peripheral surfaces 64. Notches as indicated at 66 or other roughened areas are included on the outer peripheral surfaces to facilitate ingrowth of bone for permanent attachment.

Please replace paragraph [0024] with the following amended paragraph:

[0024] The radioulnar jig 90 is then positioned on the joint, and cuts are made in the ulna as described above. The ulnar medullary canal is then drilled and reamed to allow for

insertion of the peg 60 of the radioulnar component 30 and cement fill. Similarly, the humeral medullary canal is drilled and reamed. A screw hole 102 (Fig. 1) ~~in the ulna~~ is drilled through the olecranon process OP of the ulna and tapped. PMMA bone cement is injected into the humeral canal, the stem 50 of the humeral component 20 is inserted, and the transcondylar screw 46 is installed to connect the spool 40 with the surrounding bone structure. Similarly, PMMA bone cement is injected into the ulnar canal, the radioulnar component 30 is inserted, and the ~~anconeal~~ olecranon screw is inserted. The body of the radioulnar component 30 is attached by snap-fit to the spool 40. To complete the surgery, a pin and tension band wire (not shown) are used to replace the olecranon process of the ulna and re-attach the triceps muscles. The joint capsule, fascia, subcutis, and skin are closed routinely, and a bandage is placed. The caudal approach to the elbow is minimally invasive, and allows the collateral ligaments to be maintained intact.